

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/589085** FILING DATE

APPLICANT(S)

A1 34 1st Amend CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		1
3		2		1		1
4		2		3		3
5		1		3		3
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18		1		1		1
19		1		1		1
20		1		1		1
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26		1		1		1
27		1		1		1
28					1	
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30					1	
31					1	
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40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.	1		1		2	
TOTAL DEP.	28	←	23	←	18	←
TOTAL CLAIMS	29	24	20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					←	←